



**STATE GAMING CONTROL BOARD  
GAMING EMPLOYEE REGISTRATION  
FINGERPRINT RECEIPT**

**Please Print Legibly**

**Present this form to the fingerprint technician at the time fingerprints are taken.**

Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Citizenship \_\_\_\_\_

Sex \_\_\_\_ Race \_\_\_\_ Hgt. \_\_\_\_ Wgt. \_\_\_\_ Eyes \_\_\_\_ Hair \_\_\_\_

Employer: \_\_\_\_\_

Reason: NRS 463.335 ORI: NV0020800 Miscellaneous No. (MNU): 881020

The above named gaming employee obtained fingerprints, which were / will be sent electronically to the Central Repository for Nevada Records of Criminal History under the account number of the Gaming Control Board.

\_\_\_\_\_  
(Agency or Agency Stamp)

\_\_\_\_\_  
(Representative)

\_\_\_\_\_  
(Date)

Official Use Only: \_\_\_\_\_

(Rev. 02/20/04)